

DIRECT DEBIT REQUEST FORM

PLEASE CIRCLE: NEW AMENDMENT

Request and Authority to debit the account names below to pay:

The Roman Catholic Archbishop of Perth Catholic Development Fund (CDF)

The Roman Catholic Archolshop of Pertin Catholic Development Fund (CDF)	
Request and Authority to debit	Your Given names or ABN/ARBN "you" request and authorise Aranmore Catholic College (CDF) User ID 375103 to arrange, through its own financial institution, a debit to your nominated account any amount Aranmore Catholic College has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.
Insert the name and address of financial institution at which account is held	Financial institution name Address
Insert details of account to be debited	Name/s on account
Amount of Debit	Maximum Amount \$
Frequency of Debits	The first debit may be made on// and at Weekly Fortnightly Monthly Intervals Final Payment Date// (optional) 3 x Year
Acknowledgment	By signing this Direct Debit request I acknowledge having read and understood the terms and conditions governing the debit arrangement between myself and CDF as set out in this request and in my Direct Debit Request Service Agreement.
Insert your signature and address	Signature (If signing for a company, sign and print full name and capacity for signing eg. director) Address Date//

FAMILY CODE

STUDENT NAME